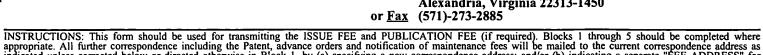
PART B - FEE(S) TRANSMITTAL

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| FOLEY HOAG, LLP | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| PATENT GROUP, WORLD TRADE CENTER WEST | | | | | | | |
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| BOSTON, MA 02110 | | | `` | | | (Depositor's name) | |
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| APPLICATION NO. | FILING DATE | FIRST NAMED IN | | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/723,640 | 10/723,640 11/26/2003 Joseph Po | | | rini NVO-004.01 9723 9723 STATES FIS9-06-097452 | | | |
| TITLE OF INVENTION: M | G RETICLE BIAS | BIAS STATES FIS9-06-0-11432 | | | | | |
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| EXAMINER | | ART UNI | т с | LASS-SUBCLASS | _ | | |
| DINH, PAUL | | 2825 | | 716-019000 | | · | |
| 1. Change of correspondence CFR 1.363). | address or indication of "Fe | e Address" (37 | | rinting on the patent front page, list names of up to 3 registered patent attorneys 1 Steven Capella | | | |
| Change of correspond | ence address (or Change of (2) attached. | Correspondence | or agents OR, alte | matively, | • | | |
| "Fee Address" indication (or "Fee Address" Indication form | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO BI | PRINTED ON T | HE PATENT (print | or type) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| International Business Machines Corporation Armonk, New York 10504 | | | | | | | |
| | | | | | | | |
| Please check the appropriate | assignee category or categor | ies (will not be pri | nted on the patent): | ☐ Individual 🗓 (| Corporation or other private gr | oup entity Government | |
| 4a. The following fee(s) are | enclosed: | 4b. | | | | | |
| Issue Fee | A check in the amount of the fee(s) is enclosed. | | | | | | |
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| | | | Deposit Account | Number 090458 | (enclose an ext | ra copy of this form). | |
| 5. Change in Entity Status (| (from status indicated above) MALL ENTITY status. See 3 | | □ h Amaliaantia n | a langar alaiming SMA | LL ENTITY status. See 37 C | ED 1.27(a)(2) | |
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| Authorized Signature | X 00 CONTRACTOR | | | Date 01 FC:1 | | / 60 | |
| Typed or printed name | Steven Capella | | | Reg lar filos | | | |
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